Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Helene		
	your government-issued picture identification (for example, your driver's	First name		First name
	license or passport).	Middle name		Middle name
	Bring your picture	Boyle		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)
	All officers and the second se			
2.	All other names you have used in the last 8 years	•		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2749		

Del	otor 1 Helene Boyle		Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live		If Debtor 2 lives at a different address:		
		9801 67th Avenue Rego Park, NY 11374			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Queens			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Deb	otor 1 Helene Boyle					Case	number (if known)		
Par	t 2: Tell the Court About	our Bank	cruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chapter 7							
	☐ Chapter 11								
		☐ Chap	ter 12						
		☐ Chap	ter 13						
8.	How you will pay the fee	abo	out how yo	entire fee when I file my peru may pay. Typically, if you a attorney is submitting your paraddress.	re paying	the fee yourself	, you may pay with cash	n, cashier's check, or money	
				the fee in installments. If y		e this option, sig	n and attach the Applica	ation for Individuals to Pay	
	The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income								
				ur family size and you are una on to Have the Chapter 7 Filin					
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.							
			District	Eastern District of New York	When	2/17/20	Case number	20-40941	
			District		— When		Case number		
			District		When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District	-	_ When		Case number, if		
			Debtor				Relationship to y		
			District		_ When		Case number, if	known	
11.	Do you rent your residence?	■ No.	Go to li	ine 12.					
	i coluctive :	☐ Yes.	Has yo	ur landlord obtained an evicti	ion judgm	ent against you?			
				No. Go to line 12.					
				Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.	t About ar	n Eviction Judgm	nent Against You (Form	101A) and file it as part of	

Deb	otor 1 Helene Boyle				Case number (if known)			
Par	Report About Any Bu	sinesses	You Owi	າ as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		e & ZIP Code					
	it to this petition.		Chec		x to describe your business:			
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	re filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, w statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.)(B).					
	For a definition of small	■ No.	I am	not filing under Chap	ter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.			
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.			
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention			
14.	Do you own or have any	■ Na		-				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No. □ Yes.	What is	the hazard?				
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	Number, Street, City, State & Zip Code			

Debtor 1 Helene Boyle Case number (if known)

Part 5: Explain Your E

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Helene Boyle			Case nu	mber (if known)		
Par	t 6: Answer These Quest	ions for Re	porting Purposes				
16.	What kind of debts do you have?		Are your debts primarily consuludividual primarily for a personal,		defined in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
			Are your debts primarily busine money for a business or investme				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	at are not consumer debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and	— 103.	are paid that funds will be availabl	u estimate that after any exempt e to distribute to unsecured credi	property is excluded and administrative expenses tors?		
	administrative expenses are paid that funds will		No				
	be available for distribution to unsecured creditors?		□ Yes				
18.	How many Creditors do	■ 1-49		1 ,000-5,000	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		<u></u> 5001-10,000	<u></u> 50,001-100,000		
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000	☐ More than100,000		
19.	How much do you	\$ 0 - \$50	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million			
20.	How much do you estimate your liabilities	S \$0 - \$50	-	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	to be?		1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million			
Par	t7: Sign Below						
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
					ible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.		
			ey represents me and I did not pa I have obtained and read the not		is not an attorney to help me fill out this).		
		I request re	elief in accordance with the chapte	er of title 11, United States Code,	specified in this petition.		
		bankruptcy and 3571.	case can result in fines up to \$25		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		/s/ Helen Helene B		Signature of D	ebtor 2		
			of Debtor 1	ga.a. 0 D			
		Executed	on February 17, 2021	Executed on			
			MM / DD / YYYY		MM / DD / YYYY		

Debtor 1 Helene Boyle		Cas	Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, U	nited States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) appli schedules filed with the petition is incorrect		ledge after an inquiry that the information in the			
	/s/ Leonard B Sukherman	Date	February 17, 2021			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Leonard B Sukherman					
	Printed name					
	Leonard B Sukherman & Associates	s, P.C.				
	Firm name	,				
	1501 Avenue U					
	2nd Floor					
	Brooklyn, NY 11229					
	Number, Street, City, State & ZIP Code					
	Contact phone 7187870500	Email address	attorney@sukhermanlaw.com			
	4013132 NY					
	Bar number & State		<u> </u>			

Fill	n this information	to identify your	case.				
Deb		ene Boyle	odse.				
Deb		Name	Middle Name	Last Name			
Debi		Name	Middle Name	Last Name			
	ed States Bankrupto		EASTERN DISTRICT				
Office	•	•		OI NEW TORK			
Case (if kno						_	if this is an ded filing
						amon	aca ming
Off	icial Form 1	06Sum					
			and Liabilities a	nd Certain Statisti	cal Information	1	2/15
nfor /our	mation. Fill out all original forms, you	of your schedul I must fill out a	es first; then complete t	e are filing together, both a the information on this form ok the box at the top of this	n. If you are filing amend		
Part	1: Summarize Y	our Assets					
						Your as Value o	ssets f what you own
1.	Schedule A/B: Pro 1a. Copy line 55, T	pperty (Official Footal real estate, f	orm 106A/B) rom Schedule A/B			\$	0.00
	1b. Copy line 62, T	otal personal pro	perty, from Schedule A/B			\$	500.00
	1c. Copy line 63, To	otal of all propert	y on Schedule A/B			\$	500.00
Part	2: Summarize Y	our Liabilities					
							abilities you owe
2.			laims Secured by Propen mn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page o	of Part 1 of Schedule D	\$	14,174.00
3.			Unsecured Claims (Offici	al Form 106E/F) ms) from line 6e of <i>Schedule</i>	E/F	\$	0.00
	3b. Copy the total	claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedu	ıle E/F	\$	25,556.00
					Your total liabilities	\$	39,730.00
Port	2: Summariza V	our Income and	Evnoncos				
Part							
4.	Schedule I: Your In Copy your combine			le I		\$	2,584.00
5.	Schedule J: Your E Copy your monthly					\$	2,657.23
Part	4: Answer Thes	e Questions for	Administrative and Sta	tistical Records			
6.	Are you filing for I	oankruptcy und	er Chapters 7, 11, or 13	?			
	☐ No. You have	nothing to report	on this part of the form.	Check this box and submit this	s form to the court with yo	ur other sch	edules.
7.	YesWhat kind of debt	do you have?					
				debts are those "incurred by 9g for statistical purposes. 28		a personal,	family, or
		re not primarily your other sched		ave nothing to report on this p	eart of the form. Check this	s box and su	ubmit this form to
Offic				nilities and Certain Statistics	al Information		hage 1 of 2

Official Form 106Sum

page 1 of 2

Deb	tor 1	Helene Boyle Case number (if known)	
8.		the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form -1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 934.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this infor	mation to identify your	case and this filing:		
Debtor 1	Helene Boyle			
Dahtan 0	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK	
Case number				☐ Check if this is an
_				amended filing
000 - 15	4004/5			
	orm 106A/B			
	e A/B: Prop			12/15
think it fits best. E	Be as complete and accur re space is needed, attach	ate as possible. If two married	nce. If an asset fits in more than one category, list the d people are filing together, both are equally responsit n. On the top of any additional pages, write your name	ole for supplying correct
Part 1: Describe	Each Residence, Buildin	g, Land, or Other Real Estate	You Own or Have an Interest In	
1. Do you own or	have any legal or equitab	e interest in any residence, b	ouilding, land, or similar property?	
No. Go to Par	rt 2.			
☐ Yes. Where i	is the property?			
Part 2: Describe	Your Vehicles			
			nicles, whether they are registered or not? Included the G: Executory Contracts and Unexpired Leases.	e any vehicles you own that
3. Cars, vans, tr	ucks, tractors, sport u	tility vehicles, motorcycle	es	
■ No				
☐ Yes				
•			al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
			ntries from Part 2, including any entries for	\$0.00
Part 3: Describe	Your Personal and Hous	sehold Items		
		table interest in any of the	e following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
		e, linens, china, kitchenware		
— 103. Desc				
	TV and H	ousehold Furniture		\$500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

D	ebtor 1	Helene Boyle	Case number (if known)	
	П Уес	Describe		
8.		oles of valuees: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or othe other collections, memorabilia, collectibles	er art objects; stamp, coin, or baseball card collections	3;
	■ No			
	☐ Yes.	Describe		
9.	Example	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, musical instruments	, golf clubs, skis; canoes and kayaks; carpentry tools	;
	■ No □ Yes.	Describe		
10	. Firearn Examp ■ No	les: Pistols, rifles, shotguns, ammunition, and related equipment		
	☐ Yes.	Describe		
11	Clothes	.		
	_ `	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	■ No □ Yes.	Describe		
12	. Jewelr y Examp	r les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom j	jewelry, watches, gems, gold, silver	
	☐ Yes.	Describe		
13	Examp	m animals les: Dogs, cats, birds, horses		
	■ No □ Yes	Describe		
			and decrease of the search than	
14	. Any oti ■ No	ner personal and household items you did not already list, including any health	n alds you did not list	
		Give specific information		
				_
15		ne dollar value of all of your entries from Part 3, including any entries for pages rt 3. Write that number here	s you have attached \$500.00	-
D	Tri de Doc	cribe Your Financial Assets		
		n or have any legal or equitable interest in any of the following?	Current value of the	
	,		portion you own? Do not deduct secured claims or exemptions.	d
16	Cash			
		les: Money you have in your wallet, in your home, in a safe deposit box, and on hand	d when you file your petition	
	■ No □ Yes			
47	Donesi	to of manay		
17	Examp	its of money les: Checking, savings, or other financial accounts; certificates of deposit; shares in institutions. If you have multiple accounts with the same institution, list each.	credit unions, brokerage houses, and other similar	
	■ No □ Yes	Institution name:		
1 ₂		mutual funds, or publicly traded stocks		
10		les: Bond funds, investment accounts with brokerage firms, money market accounts		
		Institution or issuer name:		

D	ebtor 1	Helene Boyle	•		Case number (if known)	
19	joint v	ublicly traded sto enture	ock and interests in incorp	orated and unincorporated busine	esses, including an interest in	an LLC, partnership, and
	No					
	☐ Yes.	Give specific info	rmation about them Name of entity:		% of ownership:	
20	Negoti	iable instruments i	include personal checks, cas	otiable and non-negotiable instrum shiers' checks, promissory notes, and ansfer to someone by signing or deliv	d money orders.	
	☐ Yes.	Give specific info	rmation about them Issuer name:			
21		ment or pension ples: Interests in II		403(b), thrift savings accounts, or oth	ner pension or profit-sharing pla	ns
		List each account	separately. Type of account:	Institution name:		
22	Your s Examp		l deposits you have made so	o that you may continue service or us public utilities (electric, gas, water), t		s, or others
	■ No □ Yes.			Institution name or individual:	:	
23	. Annuit	ies (A contract for	r a periodic payment of mone	ey to you, either for life or for a numb	per of years)	
	Yes	lss	uer name and description.			
24	26 U.S.		n IRA, in an account in a q 29A(b), and 529(b)(1).	ualified ABLE program, or under a	a qualified state tuition progra	am.
	■ No □ Yes	Ins	titution name and description	n. Separately file the records of any i	interests.11 U.S.C. § 521(c):	
25	. Trusts, ■ No	, equitable or fut	ure interests in property (o	other than anything listed in line 1)	, and rights or powers exerci	sable for your benefit
	☐ Yes.	Give specific info	rmation about them			
26				nd other intellectual property eds from royalties and licensing agree	ements	
	☐ Yes.	Give specific info	rmation about them			
27	Examp ■ No	ples: Building pern	nd other general intangible nits, exclusive licenses, cooperation about them	es perative association holdings, liquor l	licenses, professional licenses	
B/I		property owed to				Current value of the
IVI	oney or	property owed to	, you :			portion you own? Do not deduct secured claims or exemptions.
28	_	unds owed to yo	ou			
	■ No □ Yes.	Give specific info	rmation about them, including	g whether you already filed the return	ns and the tax years	
29	. Family Examp ■ No		ump sum alimony, spousal s	support, child support, maintenance,	divorce settlement, property se	ttlement
	☐ Yes.	Give specific info	rmation			

De	ebtor 1	Helene Boyle	Case number (if known)	
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disa benefits; unpaid loans you made to someone else	ability benefits, sick pay, vacation pay, workers' comper	nsation, Social Security
	■ No	Other was it is to forward a		
		Give specific information		
31.		sts in insurance policies bles: Health, disability, or life insurance; health savings	account (HSA); credit, homeowner's, or renter's insurar	nce
	_	Name the insurance company of each policy and list its	s value.	
		Company name:	Beneficiary:	Surrender or refund value:
32.	If you a	terest in property that is due you from someone where the beneficiary of a living trust, expect proceeds from the has died.	no has died m a life insurance policy, or are currently entitled to rece	eive property because
	■ No □ Yes.	Give specific information		
33.	Examµ ■ No	s against third parties, whether or not you have filed bles: Accidents, employment disputes, insurance claims Describe each claim		
34.	Other of	contingent and unliquidated claims of every nature,	, including counterclaims of the debtor and rights to	set off claims
	■ No			
	☐ Yes.	Describe each claim		
35.	Any fir ■ No	nancial assets you did not already list		
	_	Give specific information		
36		the dollar value of all of your entries from Part 4, inc art 4. Write that number here		\$0.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have a	n Interest In. List any real estate in Part 1.	
37.	Do you	own or have any legal or equitable interest in any business	s-related property?	
- 1	No. Go	o to Part 6.		
l	☐ Yes. 0	Go to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Propertion own or have an interest in farmland, list it in Part 1.	ty You Own or Have an Interest In.	
46.		own or have any legal or equitable interest in any Go to Part 7.	farm- or commercial fishing-related property?	
	☐ Yes	s. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in Th	nat You Did Not List Above	
53.	Examp	u have other property of any kind you did not alread ples: Season tickets, country club membership	ly list?	
	■ No □ Yes.	Give specific information		
_	A -1 -1 -	the deller value of all of secure anti-to-free Design	site that mumber have	** **
54	. Add t	the dollar value of all of your entries from Part 7. Wr	nte that number nere	\$0.00

Debtor 1	Helene Boyle		Case number (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$0.00
56. Part	2: Total vehicles, line 5	\$0.00		
57. Part	3: Total personal and household items, line 15	\$500.00		
58. Part	4: Total financial assets, line 36	\$0.00		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54	\$0.00		
62. Tota	al personal property. Add lines 56 through 61	\$500.00	Copy personal property total	\$500.00
63. Tota	al of all property on Schedule A/B. Add line 55 + line 62			\$500.00

Fill	in this info	rmation to identify your	case:				
Del	btor 1	Helene Boyle					
D-1	hts: 0	First Name	Middle Name	L	ast Name	_	
	btor 2 buse if, filing)	First Name	Middle Name	L	ast Name	_	
Uni	ited States B	ankruptcy Court for the:	EASTERN DISTRICT OF N	EW Y	ORK	_	
	se number nown)						Check if this is an amended filing
∩f	ficial Fo	orm 106C					
			perty You Cla	aim	as Exempt		4/19
the p	property you	listed on Schedule A/B: Find attach to this page as i	Property (Official Form 106A/B)	as yo	her, both are equally responsib ur source, list the property that ge as necessary. On the top of	you claim as e	xempt. If more space is
spe any func exe	cific dollar a applicable ds—may be mption to a	amount as exempt. Alter statutory limit. Some exe unlimited in dollar amou	natively, you may claim the femptions—such as those for int. However, if you claim ar	full fai r healt n exen	ount of the exemption you cla r market value of the propert th aids, rights to receive cert option of 100% of fair market etermined to exceed that am	y being exemp ain benefits, ar value under a	eted up to the amount of nd tax-exempt retirement law that limits the
Par	rt 1: Iden	tify the Property You Cla	im as Exempt				
1.	Which set	of exemptions are you cl	aiming? Check one only, eve	n if yo	ur spouse is filing with you.		
	■ You are	claiming state and federal	nonbankruptcy exemptions.	11 U.S	s.C. § 522(b)(3)		
	_	· ·	ns. 11 U.S.C. § 522(b)(2)				
2				emnt	fill in the information below.		
		otion of the property and line		• •	ount of the exemption you claim	Specific I	aws that allow exemption
	Schedule A/	B that lists this property	portion you own	Cha	al anh ana hay far acab ayamntia		
			Copy the value from Schedule A/B	CHE	ck only one box for each exemptior	l.	
		ousehold Furniture	\$500.00		\$500.0	00 NYCPL	R § 5205(a)(5)
	Line from S	chedule A/B: 6.1			100% of fair market value, up any applicable statutory limit	to	
3.	(Subject to a	adjustment on 4/01/22 and		ases fi	led on or after the date of adjus	ŕ	
		No Yes					

Fill in this informat	ion to identify you	ır case:				
Debtor 1	Helene Boyle					
-	First Name	Middle Name Last Na	ame			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Last Na	ame			
United States Bankr	uptcy Court for the	EASTERN DISTRICT OF NEW YORK				
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Form	<u>106D</u>					
Schedule D	: Creditors	Who Have Claims Secu	ured	by Propert	V	12/15
Be as complete and ac is needed, copy the Ac number (if known).	ccurate as possible. dditional Page, fill it	If two married people are filing together, both out, number the entries, and attach it to this fo	are equa	ally responsible for su the top of any additio	ipplying correct informa nal pages, write your na	tion. If more space me and case
1. Do any creditors ha	ve claims secured by	y your property?				
☐ No. Check th	is box and submit t	his form to the court with your other schedu	ıles. You	u have nothing else t	o report on this form.	
_	l of the information	•		3		
		below.				
Part 1: List All S	Secured Claims			Calumn	Calumn D	Column C
		more than one secured claim, list the creditor sep		Column A	Column B	
		s a particular claim, list the other creditors in Part cal order according to the creditor's name.	2. AS	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	,	ű		value of collateral.	claim	If any
2.1 Volkswagen	Credit, Inc	Describe the property that secures the claim	<u>n:</u> –	Unknown	Unknown	\$0.00
Creditor's Name		Automobile				
Attn. Bonkri	intov					
Attn: Bankrı Po Box 3	ирісу	As of the date you file, the claim is: Check all	that			
Hillsboro, O	R 97123	apply. Contingent				
Number, Street, Cit		Unliquidated				
Number, Offeet, Off	y, State & Zip Code	☐ Disputed				
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as mortgage	e or secu	red		
Debtor 2 only		car loan)	, 0. 0000.	.00		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's	lion\			
☐ At least one of the	,	☐ Judgment lien from a lawsuit	ileii)			
Check if this claim community debt		Other (including a right to offset)				
January wood						
	Opened					
	01/18 Last					
.	Active		3280			
Date debt was incurre	ed 12/16/20	Last 4 digits of account number	200			

Debtor 1 Helene Boyle First Name Middle Name Last Name		Case number (if known)				
		ame Last Name				
2.2 Volkswa	gen Credit, Inc	Describe the property that secures the claim:	Unknown	Unknown	\$0.00	
Creditor's Nar		Automobile			·	
Attn: Bai	• •	As of the date you file, the claim is: Check all that				
Po Box 3	s o, OR 97123	apply.				
	<u> </u>	Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortgage or se	ecured			
Debtor 2 only		car loan)				
Debtor 1 and D	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit				
Check if this community d	claim relates to a lebt	Other (including a right to offset)				
	Opened 06/17 Last Active					
Date debt was in	5/20/20	Last 4 digits of account number 7930				
2.3 Vw Cred	it Inc	Describe the property that secures the claim:	\$4,485.00	Unknown	\$4,485.00	
Creditor's Nar	me	Lease				
1401 Ero	nklin Blvd	As of the date you file, the claim is: Check all that				
	ille, IL 60048	apply.				
	et, City, State & Zip Code	Contingent				
Number, Street	et, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured			
Debtor 2 only		car loan)				
Debtor 1 and D	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
	the debtors and another	☐ Judgment lien from a lawsuit				
	claim relates to a	Other (including a right to offset)				
	Opened					
	06/17 Last					
Date debt was in	Active 6/14/18	Last 4 digits of account number 7930				

Debtor 1 Helene Boyle			Case n	Case number (if known)				
First Name	Middle N	lame Last Name		_				
2.4 Vw Credit Inc		Describe the property that secures the cla	im:	\$9,689.00	Unknown	\$9,689.00		
Creditor's Name		Lease						
1401 Franklin Libertyville, IL		As of the date you file, the claim is: Check a apply. ☐ Contingent	all that					
Number, Street, City, S	State & Zip Code	☐ Unliquidated						
Who owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.						
Debtor 1 only		An agreement you made (such as mortgage car loan)	ge or secured					
Debtor 2 only		cai idan)						
Debtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)					
☐ At least one of the deb	otors and another	☐ Judgment lien from a lawsuit						
Check if this claim recommunity debt	elates to a	Other (including a right to offset)						
Date debt was incurred	Opened 01/18 Last Active 6/15/18	Last 4 digits of account number	3280					
Add the dollar value of	f vour entries in (Column A on this page. Write that number he	re:	\$14,174.00				
	of your form, add	the dollar value totals from all pages.		\$14,174.00	_			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in thi	is informatio	n to identify your	case:					
Debtor 1		elene Boyle						
D 1 / 0	Fi	rst Name	Middle Na	me	Last Name			
Debtor 2 (Spouse if, f	filina) Fi	rst Name	Middle Na	me	Last Name			
	0,							
United St	tates Bankrup	otcy Court for the:	EASTERN D	ISTRICT OF NE	W YORK			
Case nur	mber							
(if known)								Check if this is an
								amended filing
Official	l Form 10	neE/E						
		Creditors W	ho Havo	Uncocuro	d Claime			12/15
						Part 2 for creditors with NONPR	HODITY -	
Schedule (Schedule I left. Attach	G: Executory (D: Creditors W n the Continua case number	Contracts and Unexpi /ho Have Claims Section Page to this pag (if known).	ired Leases (Off ured by Property e. If you have no	icial Form 106G). y. If more space i o information to r	Do not include s needed, copy t	ontracts on Schedule A/B: Pro any creditors with partially sec he Part you need, fill it out, nu do not file that Part. On the top	ured clain	ms that are listed in entries in the boxes on the
Part 1:	List All of	Your PRIORITY Un	secured Clain	าร				
1. Do an	ny creditors ha	ive priority unsecured	d claims agains	t you?				
■ No	o. Go to Part 2.							
☐ Ye	es.							
Dont Or	Lint All of	Varra NONDDIODIT	V II	Olaim.				
Part 2:		Your NONPRIORIT						
3. Do an	ly creditors na	ve nonpriority unsec	ured claims aga	ainst you?				
∐ No	o. You have not	thing to report in this pa	art. Submit this fo	orm to the court wit	th your other sche	edules.		
■ Ye	es.							
unsec	cured claim, list one creditor hol	the creditor separately	for each claim. I	For each claim liste	ed, identify what t	holds each claim. If a creditor hype of claim it is. Do not list claim three nonpriority unsecured clain	s already	included in Part 1. If more
								Total claim
4.1 E	Bank of Am	erica	ı	Last 4 digits of a	count number	1473		\$1,231.00
	Nonpriority Cred	ditor's Name		J				
	Attn: Bankr				14.1	Opened 10/15/13 Last	Active	
	Po Box 982 El Paso, TX	-		When was the de	bt incurred?	1/11/21		
		City State Zip Code		As of the date yo	u file, the claim i	s: Check all that apply		
V	Vho incurred t	he debt? Check one.						
	Debtor 1 onl	y		☐ Contingent				
	Debtor 2 onl	у		☐ Unliquidated				
	Debtor 1 and	d Debtor 2 only		Disputed				
		of the debtors and and		Type of NONPRIC	ORITY unsecured	l claim:		
_	_	s claim is for a comm		Student loans				
d	lebt			Obligations aris	sing out of a sepa	ration agreement or divorce that	you did no	ot
		bject to offset?	1	report as priority cl	aims			
	No				'	g plans, and other similar debts		
	☐ Yes			Other. Specify	Credit Card			

Debtor	1 Helene Boyle		Case number (if known)				
4.2	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	2704	\$851.00			
	Po Box 8803 Wilmington, DE 19899	When was the debt incurred?	Opened 10/13 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.3	Barclays Bank Delaware Nonpriority Creditor's Name	Last 4 digits of account number	2704	\$1,091.00			
	Attn: Bankruptcy Po Box 8801	When was the debt incurred?	Opened 10/13 Last Active 07/18				
	Wilmington, DE 19899 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	<u> </u>				
4.4	Capital One	Last 4 digits of account number	9782	\$790.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 05/16 Last Active 01/21				
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	•					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify					

Debtor	1 Helene Boyle		Case number (if known)				
4.5	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9891	\$570.00			
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 08/11 Last Active 08/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	ration agreement or divorce that you did not				
	Yes	Other Specify Credit Card					
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9623	\$222.00			
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 11/11 Last Active 07/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.				
	At least one of the debtors and another	Student loans	a ciaim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card					
4.7	Capital One Bank Usa Nonpriority Creditor's Name	Last 4 digits of account number	9891	\$556.00			
	15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 08/11 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify Credit Card	I				

Debto	1 Helene Boyle		Case number (if known)			
4.8	Capital One Bank Usa Nonpriority Creditor's Name	Last 4 digits of account number	9623	\$218.00		
	15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 11/11 Last Active 06/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.9	Chase Card Services	Last 4 digits of account number	2141	\$7,127.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 03/91 Last Active 1/13/21			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.1	Comenity Bank/Ann Taylor	Last 4 digits of account number	1231	\$262.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125columbus Columbus, OH 43218	When was the debt incurred?	Opened 12/17 Last Active 08/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			

Debtor 1 Helene Boyle		Case number (if known)				
4.1	Comenity Bank/anntylr Nonpriority Creditor's Name	Last 4 digits of account number	1231	\$19.00		
	Po Box 182273 Columbus, OH 43218	When was the debt incurred?	Opened 12/17 Last Active 06/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.1	Comenity Bank/Victoria Secret	Last 4 digits of account number	6690	\$470.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/18 Last Active 08/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.1	Comenity Bank/Victoria Secret Nonpriority Creditor's Name	Last 4 digits of account number	5156	Unknown		
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/18 Last Active 08/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	a plane, and other circles delete			
	■ No	Debts to pension or profit-sharin	y pians, and other similar debts			
	□ Yes	Other, Specify				

Debtor 1 Helene Boyle		Case number (if known)					
4.1	Comenity Bank/Victoria Secret	Last 4 digits of account number	3119	Unknown			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 02/18				
	Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.1 5	Comenitybank/victoria Nonpriority Creditor's Name	Last 4 digits of account number	5156	\$143.00			
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 02/18 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	nly					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.1 6	Comenitybank/victoria Nonpriority Creditor's Name	Last 4 digits of account number	6279	\$94.00			
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 01/14 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	only Contingent					
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	ebtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	the claim subject to offset? report as priority claims					
	■ No	Debts to pension or profit-sharing					
	☐ Yes	■ Other. Specify Charge Acc	count				

Debto	r 1 Helene Boyle	Case number (if known)					
4.1	Comenitycapital/c21	Last 4 digits of account number	2722	\$337.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 04/18 Last Active 07/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.1	Comenitycapital/cent Nonpriority Creditor's Name	Last 4 digits of account number	2722	\$87.00			
	Po Box 182120 Columbus, OH 43218	When was the debt incurred?	Opened 04/18 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only □ Contingent						
	Debtor 2 only	☐ Unliquidated	□ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	debt Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin					
	Yes	Other. Specify Charge Acc	count				
4.1 9	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	6342	\$351.00			
	Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 11/19 Last Active 2/09/21				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	ebtor 1 only					
	☐ Debtor 2 only ☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only						
	\square At least one of the debtors and another						
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
	■ No	· · ·					
	☐ Yes	Other. Specify Credit Card	1				

Debt	or 1 Helene Boyle		Case number (if known)				
4.2 0	Portfolio Recovery	Last 4 digits of account number	1021	\$520.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfolk, VA 23502	When was the debt incurred?	Opened 01/19 Last Active 07/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	nber Street City State Zip Code As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Bank	Company Account Synchrony				
4.2 1	Syncb/care Credit	Last 4 digits of account number	1021	\$363.00			
	Nonpriority Creditor's Name 950 Forrer Blvd Kettering, OH 45420	When was the debt incurred?	Opened 01/18 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only						
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2 2	Syncb/evine Nonpriority Creditor's Name	Last 4 digits of account number	4837	\$16.00			
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 05/15 Last Active 6/04/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	ly Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharin					
	Yes	■ Other. Specify Charge Account					

Debtor 1 Helene Boyle		Case number (if known)					
4.2	Syncb/gap	Last 4 digits of account number	2533	\$162.00			
	Nonpriority Creditor's Name	_					
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 01/18 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2	Syncb/gap Dc	Last 4 digits of account number	7605	\$1,849.00			
	Nonpriority Creditor's Name	_	Opened 10/17 Least Active				
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 10/17 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.2 5	Syncb/pc Richards	Last 4 digits of account number	0330	\$22.00			
	Nonpriority Creditor's Name		Opened 05/15 Last Active				
	Po Box 965036 Orlando, FL 32896	When was the debt incurred?	06/18 Last Active				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	• •				
	Yes	■ Other. Specify Charge Acc	count				

Debtor	Helene Boyle	Case number (if known)					
4.2	Syncb/qvc	Last 4 digits of account number	3795	\$537.00			
	Nonpriority Creditor's Name	_					
	Po Box 965018 Orlando, FL 32896	When was the debt incurred?	Opened 03/18 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2	Syncb/tjx Cos	Last 4 digits of account number	2120	\$63.00			
	Nonpriority Creditor's Name	_					
	Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 02/14 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2	Syncb/tjx Cos Dc	Last 4 digits of account number	9766	\$1,911.00			
	Nonpriority Creditor's Name		Opened 00/47 Leet Active				
	Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 09/17 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Credit Card	l				

Debtor 1 Helene Boyle							
4.2	Synchrony Bank/Gap	Last 4 digits of account number	2533	Unknown			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 1/28/18 Last Active 07/18				
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.3	Wells Fargo Bank NA	Last 4 digits of account number	8549	\$3,483.00			
	Nonpriority Creditor's Name 1 Home Campus Mac X2303-01a 3rd Floor Des Moines. IA 50328	When was the debt incurred?	Opened 08/17 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.3	Wf/bobs Discount Fur		8549	\$2,211.00			
1	Nonpriority Creditor's Name	Last 4 digits of account number		\$2,211.00			
	Po Box 14517 Des Moines, IA 50306	When was the debt incurred?	Opened 08/17 Last Active 06/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐Yes	■ Other. Specify Charge Acc	count				
		· · · · —					

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1	Helene Boyle	Case number (if known)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 25,556.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 25,556.00

Fill in this infor				
Debtor 1	Helene Boyle			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F NEW YORK	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

Fill in this in	formation to identify your	case:			
Debtor 1	Helene Boyle				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case numbe	r				
(if known)					☐ Check if this is an
					amended filing
⊃tt:~:~!	Tames 40011				
	Form 106H				
Schedu	ıle H: Your Cod	ebtors			12/15
	I number the entries in the nd case number (if known)			to this page. On the to	p of any Additional Pages, write
1. Do yo	u have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes					
Arizona, No. G	n the last 8 years, have you California, Idaho, Louisiana o to line 3. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		ry states and territories include
in line 2	again as a codebtor only i 6D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	olumn 1: Your codebtor me, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	۵
Nai	me			Schedule E/F, I	
				☐ Schedule G, lin	
					
Nui City	mber Street	State	ZIP Code		
	,		0000		
3.2 Nai	me			Schedule D, lin	
7401				☐ Schedule E/F, l☐ Schedule G, lin	
				— Schedule G, III	e
Nui City	mber Street	State	ZIP Code		
City	7	Jaio	ZII COUE		

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Fill	in this information to identify your c	ase:									
	otor 1 Helene Boy										
	otor 2										
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF NEW YORK		_						
	se number 					□ Ar		ed filing ent showin	ng postpetition		
0	fficial Form 106I								ollowing date:		
Schedule I: Your Income							MM / DD/ YYYY 12/1 5				
sup	ns complete and accurate as posi- plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing with spouse is not filing with	g jointly, and your th you, do not inclu	spouse i	s liv	ing with yon about	you, incl your spo	ude inforr ouse. If m	mation about ore space is	your needed,	
Par	t 1: Describe Employment										
1.	Fill in your employment information.	Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed				☐ Employed				
		Employment status	■ Not employed				☐ Not employed				
		Occupation									
	Include part-time, seasonal, or self-employed work.	Employer's name									
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed th	nere?				_				
Par	t 2: Give Details About Mor	nthly Income									
spou	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mees space, attach a separate sheet to	ore than one employer, co	· ·	•	•	·		·	•	J	
						For Deb	tor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (be calculate what the monthly	efore all payroll wage would be.	2.	\$		0.00	\$	N/A		
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Helene Boyle	-	Case	number (if known)			
	Con	vy line 4 hore	4		Debtor 1		Debtor 2 or -filing spouse	
	Cop	y line 4 here	4.	\$_	0.00	Φ_	N/A	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	-
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$_	N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$_ \$	0.00	\$_	N/A	-
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$ 	0.00	\$_ \$	N/A N/A	-
	5g.	Union dues	5g.	\$ -	0.00	* *	N/A	
	5h.	Other deductions. Specify:	5h	: —	0.00	· · —	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	0.00	\$	N/A	=
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 	0.00	\$	N/A	-
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		* _	0.00	*_	NA	-
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	-
	8e.	Social Security	8e.	\$	1,650.00	\$	N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$_	934.00	\$	N/A	=
	8h.	Other monthly income. Specify:	_ 8h	+ \$_	0.00	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,584.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,584.00 + \$_		N/A = \$	2,584.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12. \$ Combin	
13.	Do	you expect an increase or decrease within the year after you file this form	?				monthly	y income
		No.						
		Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify yo	ur case:					
Deb	otor 1 Helene Boyle				Che	ck if this is:	
	Tiolone Boyle	<u> </u>				An amended filing	
	otor 2 ouse, if filing)					A supplement show 13 expenses as of	ving postpetition chapter
(Spt	ouse, ii liilig)					13 expenses as or	the following date.
Unit	ted States Bankruptcy Court for the:	EASTE	RN DISTRICT OF NEW YO	ORK		MM / DD / YYYY	
	se number nown)						
O	fficial Form 106J						
S	chedule J: Your E	Exper	ises				12/15
Be info	as complete and accurate as ormation. If more space is nee mber (if known). Answer ever	possible eded, atta	. If two married people are				
	t 1: Describe Your House	hold					
1.	Is this a joint case?						
	■ No. Go to line 2.		ata haysahald?				
	☐ Yes. Does Debtor 2 live in☐ No	n a separ	ate nousenoid?				
	_ `	t file Offici	al Form 106J-2, Expenses	for Separate House	e <i>hold</i> of Deb	otor 2.	
_		_	, ,,				
2.	Do you have dependents?	■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No □ Yes
							□ res
							☐ Yes
				-			□ No
							☐ Yes
3.	Do your expenses include expenses of people other th yourself and your depender	an 🗖	No Yes				
	t 2: Estimate Your Ongoir						
exp	timate your expenses as of your expenses as of a date after the bolicable date.						
	lude expenses paid for with new value of such assistance and						
	ficial Form 106l.)					Your expe	enses
4.	The rental or home ownersh payments and any rent for the			nclude first mortgage	e 4. \$.	1,312.23
	If not included in line 4:						
	4a. Real estate taxes				4a. \$	\$	0.00
	4b. Property, homeowner's				4b. \$	5	0.00
	4c. Home maintenance, rep				4c. §		0.00
5.	4d. Homeowner's associatiAdditional mortgage payme			me equity loons	4d. \$	·	0.00 0.00
J.	Additional mortgage payme	ina ioi y	our residence, such as 1101	no equity idalis	J. 3	V	0.00

Debtor '	Helene Boyle	Case num	ber (if known)	
6. Uti	lities:			
6. G ti		6a.	\$	0.00
6b		6b.	· -	0.00
6c.		6c.	·	200.00
6d.		6d.	·	
	od and housekeeping supplies	6u. 7.	·	0.00
			·	400.00
_	ildcare and children's education costs	8.	\$	0.00
	othing, laundry, and dry cleaning	9.	\$	0.00
	rsonal care products and services	10.	·	0.00
	dical and dental expenses	11.	\$	300.00
	ansportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	250.00
3. En	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. C h	aritable contributions and religious donations	14.	\$	0.00
	surance.			
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
15	o. Health insurance	15b.	\$	0.00
15	c. Vehicle insurance	15c.	\$	0.00
15	d. Other insurance. Specify:	15d.	\$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Sp	ecify:	16.	\$	0.00
	stallment or lease payments: a. Car payments for Vehicle 1	17a.	¢	105.00
	• •		·	195.00
	o. Car payments for Vehicle 2	17b.	·	0.00
	c. Other. Specify:	17c.	·	0.00
	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as	; 18.	\$	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	¢ ———	
	her payments you make to support others who do not live with you.	19.	Φ	0.00
	ecify: her real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Incomo	
	a. Mortgages on other property	20a.		0.00
	b. Real estate taxes	20b.	·	0.00
		20b. 20c.	·	
	c. Property, homeowner's, or renter's insurance		·	0.00
	d. Maintenance, repair, and upkeep expenses	20d. 20e.		0.00
	e. Homeowner's association or condominium dues		*	0.00
1. O t	her: Specify:	21.	+\$	0.00
2. Ca	Iculate your monthly expenses			
22	a. Add lines 4 through 21.		\$	2,657.23
22	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,657.23
				·
	Iculate your monthly net income.	00.	c	0.504.00
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	2,584.00
23	o. Copy your monthly expenses from line 22c above.	23b.	-\$	2,657.23
23	c. Subtract your monthly expenses from your monthly income.			
20	The result is your monthly net income.	23c.	\$	-73.23
For mo	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage? No.			or decrease because of a
	No.			

■ No.	
☐ Yes.	Explain here:

Fill in this	s information to identify your	case:			
Debtor 1	Helene Boyle				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT (OF NEW YORK		
Case num	nber				
(if known)					☐ Check if this is an amended filing
Official	Form 106Dec				
Decla	aration About a	an Individual	Debtor's Scl	hedules	12/15
	Sign Below you pay or agree to pay some		rney to help you fill out ba	ankruptcy forms?	
	No				
	Yes. Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	er penalty of perjury, I declare they are true and correct.	that I have read the sun	nmary and schedules filed	l with this declaratio	n and
х /	s/ Helene Boyle		X		
Ŧ	Helene Boyle Signature of Debtor 1		Signature of D	Debtor 2	
	Date February 17, 2021		Date		

Official Form 106Dec

FII	in this infor	mation to identify you	r case:			
	otor 1	Helene Boyle				
	3101 1	First Name	Middle Name	Last Name		
	otor 2	First Name	Middle None	Loot Name		
(Spo	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
	se number _					Check if this is an amended filing
Sta	as complete a	of Financial	ible. If two married people	duals Filing for E	equally responsible for su	
nun	nber (if know	n). Answer every que		o this form. On the top of an	y additional pages, write yo	our name and case
1.						
١.	what is you	r current marital statu	19 :			
	☐ Married	I				
	Not ma	rried				
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you I	ived in the last 3 years. Do r	not include where you live nov	V.	
	Dobtor 1 P	rior Address:	Dates Debtor 1	Debtor 2 Prior A	droce:	Dates Debtor 2
	Debiorin	noi Address.	lived there	Debtor 2 Frior At	Juless.	lived there
3. state				egal equivalent in a commur evada, New Mexico, Puerto R		
	■ No					
	☐ Yes. Ma	ake sure you fill out Scl	hedule H: Your Codebtors (C	Official Form 106H).		
Pai	t 2 Expla	in the Sources of You	r Income			
4.	Fill in the total	al amount of income yo	u received from all jobs and	ng a business during this y all businesses, including part we together, list it only once u	t-time activities.	endar years?
	■ No □ Yes. Fil	ll in the details.				
			Debtor 1		Debtor 2	

Official Form 107

Deb	otor 1	He	lene Boyl	е				Ca	ise number (if known)		
5.	Did v	vou re	eceive anv	other incom	e durina th	is vear or the two	o previo	us calendar years	?		
0.	Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List e	each s	ource and t	the gross inco	ome from ea	ach source separa	tely. Do	not include income	that you listed in li	ne 4.	
		No									
		Yes.	Fill in the de	etails.							
					Debtor 1				Debtor 2		
					Sources Describe	of income below.	each (befo	is income from a source ore deductions and usions)	Sources of in- Describe below		Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Befo	ore You Filed for	Bankruj	ptcy			
										-	
6.	_	No.	Neither D	ebtor 1 nor D	ebtor 2 ha	rimarily consuments as primarily consuments family, or househole	ımer de	bts. Consumer del	bts are defined in 1	1 U.S.C. § 10 ⁴	1(8) as "incurred by an
			_	•	•	for bankruptcy, di	d you pa	ay any creditor a to	tal of \$6,825* or mo	ore?	
			□ _{No.} □ _{Yes}	Go to line 7				(#0 005*			
				paid that cr not include	editor. Do r payments t	not include paymer to an attorney for tl	nts for do his bank	omestic support obl ruptcy case.	ligations, such as c	hild support a	he total amount you ind alimony. Also, do
	_							nat for cases filed o	n or after the date	of adjustment.	
		Yes.				re primarily consult for bankruptcy, di		bts. ay any creditor a to	tal of \$600 or more	?	
			No.	Go to line 7							
			□ Yes		ments for c	domestic support of		of \$600 or more and such as child su			t creditor. Do not nclude payments to an
	Cred	ditor's	s Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for
7.	<i>Inside</i> of wh	lers ind nich yo siness	clude your i ou are an of	elatives; any ficer, director	general pa , person in	rtners; relatives of control, or owner of	any gen of 20% o		nerships of which young securities; and a	ou are a gene any managing	ral partner; corporation agent, including one fo
	_	No Voc. I	liet all navn	nents to an in	sider						
			Name and		sider.	Dates of payme	ent	Total amount	Amount you	Reason fo	or this payment
				71441000				paid	still owe		e paye
8.	insid	ler?			-			ments or transfer	any property on a	eccount of a	debt that benefited an
	_		yments on (uebis guaran	eeu or cos	igned by an insider	۱.				
	_	No Yes. I	List all payn	nents to an in	sider						
			Name and			Dates of payme	ent	Total amount paid	Amount you still owe		or this payment editor's name
								•			

Deb	otor 1 Helene Boyle		Case number (if known)		
Par	t 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
	Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes.					
	□ No■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency	Status of the	case	
	Unknown Plaintiff vs Unknown Defendant 1142336CEC	BankruptcyChapt er7	US BKPT CT NY BROOKLYN	☐ Pending☐ On appea☐ Conclude		
				Discharged	0.00 - k	
	HELENE BOYLE vs Unknown Defendant 1142336	Bankruptcy Chapter 7	NEW YORK EASTERN - BROOKLYN	☐ Pending☐ On appea☐ Conclude		
				Discharged	d - 0.00	
	Unknown Plaintiff vs Unknown Defendant 2040941ESS	BankruptcyChapt er7	US BKPT CT NY BROOKLYN		□ Pending□ On appeal□ Concluded	
				Dismissed	- 0.00	
	HELENE BOYLE vs Unknown Defendant 2040941	Bankruptcy Chapter 7	NEW YORK EASTERN - BROOKLYN	☐ Pending☐ On appea☐ Conclude		
				Dismissed	- 0.00	
	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below.		erty repossessed, foreclosed,	garnished, attached	, seized, or levied?	
	Creditor Name and Address	Describe the Property		Date	Value of the property	
		Explain what happene	d		property	
	Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details.		cluding a bank or financial ins	titution, set off any a	mounts from your	
	Creditor Name and Address	Describe the action th	e creditor took	Date action was taken	Amount	
	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a No Yes		erty in the possession of an a	ssignee for the benet	fit of creditors, a	

Case 1-21-40383-jmm Doc 1 Filed 02/18/21 Entered 02/18/21 17:13:11 Debtor 1 Helene Boyle Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Leonard B Sukherman & Associates, **Attorney Fees** \$1,200.00 P.C. 1501 Avenue U 2nd Floor Brooklyn, NY 11229 attorney@sukhermanlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No

Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Case number (if known)

	include gifts and transfers that you have already	y listed on this statement					
	No						
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v		Describe any property or payments received or debts paid in exchange	Date transfer was made		
	Person's relationship to you			paid in exchange			
	·						
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a se	lf-settled trust or similar device	of which you are a		
	_	- 10					
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the proper	ty transferred	Date Transfer was made		
Pa	t 8: List of Certain Financial Accounts, Ins	struments. Safe Denosi	t Boxes, and Stora	age Units			
		and Dopool	. 20 //00, and 010. a	.90 0			
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred?	•					
	Include checking, savings, money market, o houses, pension funds, cooperatives, assoc			deposit; snares in banks, cred	it unions, brokerage		
	No Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)			or Date account was closed, sold, moved, or transferred	Last balance before closing o transfe		
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed for	bankruptcy, any s	safe deposit box or other depos	sitory for securities,		
	No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?		
22.	Have you stored property in a storage unit of	or place other than your	home within 1 ye	ar before you filed for bankrupt	cy?		
	-						
	No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?		
Pa	t 9: Identify Property You Hold or Control	,					
23.	Do you hold or control any property that sor for someone.	meone else owns? Incl	ude any property y	ou borrowed from, are storing	for, or hold in trust		
	■ No						
	■ No □ Yes. Fill in the details.						
		Milhams !- III -		and the many sets.	.,		
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the property	Valu		

Debtor 1 Helene Boyle

Debtor 1 Helene Boyle Case number (if known)

Part 10:	Give Details A	bout Environmental	Information
----------	----------------	--------------------	-------------

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or
toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or
regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance

	hazardous material, pollutant, contaminant, or similar term.									
Rep	ort a	II notices, releases, and proceedings th	nat yo	u know about, regardless of when	the	ey occurred.				
24.	. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
		■ No □ Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.	Hav	e you notified any governmental unit o	fany	release of hazardous material?						
	■ No □ Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	t	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
		No Yes. Fill in the details.								
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business						
27.	With	nin 4 years before you filed for bankrup	tcy, d	lid you own a business or have an	y of	the following connections to an	y business?			
		☐ A sole proprietor or self-employed	in a tı	rade, profession, or other activity,	eith	ner full-time or part-time				
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership								
		☐ An officer, director, or managing ex	cecuti	ive of a corporation						
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to	Part 1	12.						
		Yes. Check all that apply above and fi	ll in th	ne details below for each business	S .					
	Business Name Describe the nature of the business Employer Identification number									

Official Form 107

Address

Name of accountant or bookkeeper

(Number, Street, City, State and ZIP Code)

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Debtor 1 Helene Boyle		Case number (if known)
28. Within 2 years before you filed for bankrur	otcv. did vou give a financial statement to	anyone about your business? Include all financial
institutions, creditors, or other parties.	,, , g	,
■ No □ Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
vith a bankruptcy case can result in fines up to 8 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Helene Boyle Helene Boyle	Signature of Debtor 2	ears, or both.
Signature of Debtor 1	olginatare of poster 2	
Date February 17, 2021	Date	
Did you attach additional pages to Your Statem	nent of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?
No		
☐Yes		
Did you pay or agree to pay someone who is no ■ No	ot an attorney to help you fill out bankrupt	tcy forms?
□ No ☑ Yes. Name of Person Attach the <i>Bankr</i>		

Fill in this inform	mation to identify your	case:			
Debtor 1	Helene Boyle				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	EASTERN DISTRI	CT OF NEW YORK		
Case number (if known)				[Check if this is an amended filing
Official Fo		n for Indiv	iduals Filing Unde	r Chapter 7	12/15
	ividual filing under chap e claims secured by you	-	out this form if:		
you have leas You must file thi	sed personal property a s form with the court w ever is earlier, unless th	nd the lease has no ithin 30 days after y	ot expired. you file your bankruptcy petition o time for cause. You must also se		
	eople are filing together and date the form.	in a joint case, bot	h are equally responsible for supp	olying correct information	on. Both debtors must
	and accurate as possib our name and case nun		needed, attach a separate sheet to	o this form. On the top	of any additional pages,
Part 1: List Yo	our Creditors Who Have	Secured Claims			
		rt 1 of Schedule D:	Creditors Who Have Claims Secu	red by Property (Officia	l Form 106D), fill in the
information be Identify the cr	elow. editor and the property th	nat is collateral	What do you intend to do with the secures a debt?		d you claim the property sexempt on Schedule C?
	olkswagen Credit, In	c	Surrender the property.		l No
name:	Automobile		Retain the property and redeer Retain the property and enter in		l _{Yes}
property securing debt:			Reaffirmation Agreement. Retain the property and [explain]	ո]։	
For any unexpire in the informatio	n below. Do not list rea	ase that you listed i	n Schedule G: Executory Contract expired leases are leases that are she trustee does not assume it. 11	still in effect; the lease	es (Official Form 106G), fill period has not yet ended.
Describe your u	nexpired personal prop	erty leases		Will the	e lease be assumed?
Lessor's name: Description of lea	ased			□ No	
Property:				☐ Yes	3
Lessor's name: Description of lea	ased			□ No	
Property:				☐ Yes	3
Lessor's name:				□ No	
Official Form 108		Statement of Int	ention for Individuals Filing Under	r Chapter 7	page 1

Del	otor 1	Helene Boyle	Case number (if ki	nown)
	scription perty:	n of leased		□ v
1 10	репу.			☐ Yes
	sor's n			□ No
	scriptio perty:	n of leased		☐ Yes
	p 0.1.y.			La Yes
	sor's n			□ No
	scriptio perty:	n of leased		☐ Yes
				La res
	sor's n			□ No
	scriptio perty:	n of leased		☐ Yes
	, ,			La res
	sor's n			□ No
	scription perty:	n of leased		□ v
	porty.			☐ Yes
Par	t 3:	Sign Below		
		alty of perjury, I declare that I have indicated hat is subject to an unexpired lease.	d my intention about any property of my estate tha	at secures a debt and any personal
v	/a/ U	alana Paula	V	
X		elene Boyle ne Boyle	X Signature of Debtor 2	
		ature of Debtor 1	- J	
	Date	February 17, 2021	Date	

Fill in this information to identify your case:				only as d	irected in this form and	in Form
Debtor 1 Helene Boyle		122	2A-1Supp:			
Debtor 2			■ 1 There	ie no nroe	umption of abuse	
(Spouse, if filing)				•	·	
United States Bankruptcy Court for the:	New York	'			o determine if a presur nade under <i>Chapter 7</i>	•
Case number					icial Form 122A-2).	
(if known)					does not apply now be service but it could ap	
			☐ Check	f this is a	n amended filing	
Official Form 122A - 1						
Chapter 7 Statement of Your Cur	rent Mor	nthly Inc	ome			04/20
Be as complete and accurate as possible. If two married people a lattach a separate sheet to this form. Include the line number to we case number (if known). If you believe that you are exempted fror qualifying military service, complete and file Statement of Exemp Part 1: Calculate Your Current Monthly Income	hich the addition n a presumption	nal information a of abuse becau	applies. On t se you do no	he top of a ot have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is your marital and filing status? Check one on	ıly.					
■ Not married. Fill out Column A, lines 2-11.						
☐ Married and your spouse is filing with you. Fill ou	ıt both Columns	A and B, lines	2-11.			
☐ Married and your spouse is NOT filing with you.	You and your s	spouse are:				
\square Living in the same household and are not lega	Illy separated.	Fill out both Co	lumns A an	d B, lines 2	2-11.	
☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are left living apart for reasons that do not include evading	egally separated	d under nonban	kruptcy law	that appli	es or that you and your	
Fill in the average monthly income that you received from all s 101(10A). For example, if you are filing on September 15, the 6-mithe 6 months, add the income for all 6 months and divide the total spouses own the same rental property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 throusult. Do not include	ugh August 3 de any incom	 If the amount m 	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
			Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commission	ons (before all	\$	0.00	\$	
3. Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4. All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular I, your depender	contributions nts, parents,	\$	0.00	\$	
5. Net income from operating a business, profession,						
		otor 1				
Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
Ordinary and necessary operating expenses	· —	Copy here ->	\$	0.00	\$	
Net monthly income from a business, profession, or farr 6. Net income from rental and other real property	пф	оору пого и	<u> </u>		—	
o. Not moonic nonintental and other real property	Deb	otor 1				
Gross receipts (before all deductions)	\$ 0.00					
Ordinary and necessary operating expenses	-\$ 0.00					
Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7. Interest, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case number (if known)

			Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation	:	\$	0.00	\$	
	Do not enter the amount if you contend that the amount received was a benefit u the Social Security Act. Instead, list it here:	under				
	For you\$ 0.00)				
	For your spouse \$	_				
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury of disability, or death of a member of the uniformed services. If you received any repay paid under chapter 61 of title 10, then include that pay only to the extent that does not exceed the amount of retired pay to which you would otherwise be entitif retired under any provision of title 10 other than chapter 61 of that title.	or or etired at it itled	\$	934.00	\$	
10	Income from all other sources not listed above. Specify the source and amound not include any benefits received under the Social Security Act; payments may under the Federal law relating to the national emergency declared by the Preside under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on separate page and put the total below.	nade dent e r n a				
	·	_ ;	\$	0.00	\$	
		_ ;	\$	0.00	\$	
	Total amounts from separate pages, if any.	+ :	\$	0.00	\$	
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You	\$	934.00	+	Total of incom	934.00 current monthly
12	. Calculate your current monthly income for the year. Follow these steps:					
12			0			224.22
	12a. Copy your total current monthly income from line 11		Сор	y line 11 h	nere=>	934.00
	Multiply by 12 (the number of months in a year)				X	12
	12b. The result is your annual income for this part of the form				12b. \$	11,208.00
					-2 Ψ	<u> </u>
13	. Calculate the median family income that applies to you. Follow these steps:	:				
	Fill in the state in which you live.					
	Fill in the number of people in your household.					
	Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link spec for this form. This list may also be available at the bankruptcy clerk's office.	cified in	the separa	ate instruct		59,956.00
14	. How do the lines compare?					
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check Go to Part 3. Do NOT fill out or file Official Form 122A-2.	ck box 1	, There is i	no presum	ption of abuse.	
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>Th</i> Go to Part 3 and fill out Form 122A–2.	The pres	sumption of	^f abuse is o	determined by Form 12	22A-2.
Par	t3: Sign Below					
	By signing here, I declare under penalty of perjury that the information on the	this state	ement and	in any atta	chments is true and c	orrect.
	χ /s/ Helene Boyle					
	Helene Boyle					

Helene Boyle

Debtor 1

Debtor 1	Helene Boyle	Case number (if known)	
	Signature of Debtor 1		
Dat	E February 17, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

	Eas	stern District of New York	K	
In r	e Helene Boyle		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPI	ENSATION OF ATTOR	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,200.00
	Prior to the filing of this statement I have received			1,200.00
	Balance Due			0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed com	npensation with any other person	unless they are mem	bers and associates of my law firm
5.	 ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: 			ched.
	 a. Analysis of the debtor's financial situation, and reneb. Preparation and filing of any petition, schedules, stoc. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on headers. 	dering advice to the debtor in dete atement of affairs and plan which itors and confirmation hearing, an reduce to market value; exe ions as needed; preparation	ermining whether to may be required; ad any adjourned hea emption planning;	file a petition in bankruptcy; rings thereof; preparation and filing of
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in
<u> </u>	February 17, 2021	/s/ Leonard B Sul		
	Date	Leonard B Sukhe Signature of Attorne Leonard B Sukhe 1501 Avenue U 2nd Floor Brooklyn, NY 112 7187870500 Fax: attorney@sukher	y rman & Associate 29 : 7187870501	es, P.C.
		Name of law firm		

United States Bankruptcy Court Eastern District of New York

In re	Helene Boyle		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

7187870500 Fax: 7187870501

USBC-44 Rev. 9/17/98

Bank of America Attn: Bankruptcy Po Box 982234 El Paso, TX 79998

Barclays Bank Delaware Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Bank Usa 15000 Capital One Dr Richmond, VA 23238

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Comenity Bank/Ann Taylor Attn: Bankruptcy Po Box 182125columbus Columbus, OH 43218

Comenity Bank/anntylr Po Box 182273 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/victoria Po Box 182789 Columbus, OH 43218

Comenitycapital/c21 Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 Comenitycapital/cent Po Box 182120 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfolk, VA 23502

Syncb/care Credit 950 Forrer Blvd Kettering, OH 45420

Syncb/evine Po Box 965005 Orlando, FL 32896

Syncb/gap Po Box 965005 Orlando, FL 32896

Syncb/gap Dc Po Box 965005 Orlando, FL 32896

Syncb/pc Richards Po Box 965036 Orlando, FL 32896

Syncb/qvc Po Box 965018 Orlando, FL 32896

Syncb/tjx Cos Po Box 965015 Orlando, FL 32896

Syncb/tjx Cos Dc Po Box 965015 Orlando, FL 32896 Synchrony Bank/Gap Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Volkswagen Credit, Inc Attn: Bankruptcy Po Box 3 Hillsboro, OR 97123

Vw Credit Inc 1401 Franklin Blvd Libertyville, IL 60048

Wells Fargo Bank NA 1 Home Campus Mac X2303-01a 3rd Floor Des Moines, IA 50328

Wf/bobs Discount Fur Po Box 14517 Des Moines, IA 50306

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Helene Boyle	CASE NO.:
	Local Bankruptcy Rule 1073-2(b), the debtor (or any other Cases, to the petitioner's best knowledge, information and be	
was pending at any spouses or ex-spous partnership and one have, or within 180	be deemed "Related Cases" for purposes of E.D.N.Y. LBR time within eight years before the filing of the new petition, ses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) a or more of its general partners; (vi) are partnerships which s days of the commencement of either of the Related Cases ha estate under 11 U.S.C. § 541(a).]	and the debtors in such cases: (i) are the same; (ii) are re general partners in the same partnership; (v) are a hare one or more common general partners; or (vii)
□ NO RELATED	CASE IS PENDING OR HAS BEEN PENDING AT ANY T	TIME.
THE FOLLOW	ING RELATED CASE(S) IS PENDING OR HAS BEEN PE	NDING:
1. CASE NO.: 20 -	40941 JUDGE: DISTRICT/DIVISION: Eastern District	et of New York
CASE STILL PENI	DING (Y/N): N [If closed] Date of closing	
CURRENT STAT	US OF RELATED CASE:	
	, , ,	ischarge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above): Pri	or Filing 2/17/2020
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPE F RELATED CASE:	RTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing	: <u> </u>
CURRENT STAT	US OF RELATED CASE:(Discharged/awaiting d	ischarge, confirmed, dismissed, etc.)
MANNED IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	isonaige, commined, disimissed, etc.)
	• • •	
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPE F RELATED CASE:	RTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing	:

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:(D	vischarged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	"A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals be eligible to be debtors. Such an individual will be require	who have had prior cases dismissed within the preceding 180 days may not ed to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Yo	rk (Y/N): Y
as indicated elsewhere on this form.	or debtor/petitioner's attorney, as applicable): v case is not related to any case now pending or pending at any time, except
/s/ Leonard B Sukherman Leonard B Sukherman Signature of Debtor's Attorney Leonard B Sukherman & Associates, P.C. 1501 Avenue U	Signature of Pro Se Debtor/Petitioner
2nd Floor Brooklyn, NY 11229 7187870500 Fax:7187870501	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

Rev.8/11/2009 USBC-17